

VI

SYPHILIS IN RELATION TO THE ÆTIOLOGY AND DIAGNOSIS OF TUBERCULOSIS

DISCUSSION

THE PRESIDENT, Sir H. ROLLESTON, who was obliged to leave the meeting after Dr. Burrell had spoken, said it was a most admirable paper, containing an enormous amount of thought and much clinical experience. He gave a very good description of cases of mixed infection, and brought out the impression, a very valuable one, that tubercle at any rate was not much aggravated if it occurred in a syphilitic subject. It was as if syphilis tended to provide more fibrous tissue and so encase and render less harmful the tuberculous foci. He hoped the meeting would pass a cordial vote of thanks to Dr. Burrell for his paper.

The CHAIRMAN (Dr. F. J. H. Coutts) said the subject was one in which he was particularly interested because the Ministry of Health were closely concerned with the public schemes for dealing with both diseases. For a long time he had felt that insufficient attention was given by tuberculosis officers in the country to the possibility of the co-existence of tuberculosis and syphilis in the same patient, or the possibility of syphilis of the lung being mistaken for tuberculosis. Dr. McNalty some years back drew attention to the association of the two diseases, and described cases of syphilis of the lung which he had seen. He was himself glad to hear that the proportion of cases in which syphilis occurred in the lung and peribronchial tissues had probably been exaggerated. A recent article in the *Lancet* mentioned the proportion of such cases as about 1 per cent. Kirkwood, of the United States, however, gave the proportion of 1 in 11 of sanatorium cases of supposed tubercle.

The question of the effect of one disease upon another was one of very great importance, and he hoped opinions would be expressed on prognosis and treatment of these

BRITISH JOURNAL OF VENEREAL DISEASES

diseases when they existed together. A French observer said that syphilis made the bed upon which tubercle was born, but it was reassuring to hear that that was not an altogether justifiable verdict. It had been very interesting to hear from Dr. Burrell that, in his opinion, if old syphilis existed and tuberculosis of the lungs was super-added, the tuberculosis was likely to take a more chronic form and not to be so serious. He, the speaker, discussed this matter a few years ago at a meeting of tuberculosis officers of considerable experience, and he put that view to them, that old syphilis with a tendency to fibrosis might tend to make the tuberculosis less virulent and to become fibrotic, but, to his surprise, they scouted such an idea. But it was possible that if a tuberculous subject acquired primary syphilis when he was suffering from active tuberculosis, the tuberculosis might be made worse by the co-existence of secondary syphilis. The tuberculosis officers might have seen these last-mentioned cases.

He asked the views of those at this meeting as to the effect of one disease upon another. Recently he saw the statement that patients who had tuberculosis and syphilis bore salvarsan and its substitutes badly, but that tuberculous patients stood bismuth and mercury well.

Dr. YOUNG said he had a small series of cases of his own which he would like to refer to. Among the patients attending the Tuberculosis Dispensary at St. Bartholomew's Hospital who were, clinically, tuberculous, but whose sputum was negative in regard to tubercle bacilli, were nineteen who came into the category under discussion. In two of them the Wassermann was positive, both males who had a high blood pressure, both had much shortness of breath, according to the amount of disease clinically, and both were middle-aged. They improved on large doses of iodide of potassium, though many chronic fibrotic cases, whether syphilitic or not, improved on iodide of potassium. He had read the suggestion that the improvement wrought by iodide of potassium in chronic bronchitics was because these subjects were syphilitic. Cases of syphilis of the lung which he had seen did not show any great tendency to hæmoptysis. The two patients he specially referred to had records of small blood-spittings on numerous occasions. He saw a woman, aged forty-eight, who, when he

DIAGNOSIS OF TUBERCULOSIS

saw her, had had her uterus removed on account of carcinoma by Dr. Donaldson two years before. She came to him with a very large pleural effusion on the right side, with much swelling of the right arm and breast. The X-rays showed a triangular shadow in the superior part of the mediastinum, not of the usual shape of an ordinary sarcoma. Wassermann was quadruple positive. He put her upon iodide of potassium, 15 gr. thrice daily, but with little effect, therefore he doubled the dosage, and since then the effusion had disappeared, and the swelling in the arm had gone down, and the X-ray shadow had become less. A fortnight ago the Wassermann was negative. It therefore seemed a clear case of mediastinal gumma.

The cases with the two diseases which he had seen pursued a very chronic course, but none cleared up well finally. They developed an enormous quantity of fibrous tissue, and would probably remain bronchiectatic.

Dr. HARDY KINGSTON said that in regard to the treatment of skin tuberculosis, at the London Hospital Dr. J. H. Sequeira, in obstinate cases, frequently gave anti-syphilitic treatment as well as treatment by light, *i.e.*, he gave arsenic and mercury.

Dr. HANSHELL said he was very interested in the question of the influence of tubercle on syphilis, or that of syphilis on tubercle. In most of the cases he had dealt with his conclusion had been that a mistaken diagnosis had been made. For example, there had been sent for treatment to his hospital V.D. clinic three women who for years had been attending a tuberculosis clinic. None of them knew whether tubercle bacilli had been found in the sputum, and he had not inquired further about that. He had not found tubercle bacilli. One of these patients had necrosis of the upper jaw, one had ulceration of the pharynx, and the third had a good deal of superficial glandular enlargement. All had chronic cough and were much wasted, and eventually a panel doctor had sent them to the V.D. clinic to have a Wassermann test. This was very positive in all, but there was no history of syphilis, and no chancre or rash had been noticed. They had made such remarkable recoveries on anti-syphilitic treatment that he did not think they had ever had tubercle.

Another type of case was that in which a middle-aged or elderly man was admitted to hospital on account of

BRITISH JOURNAL OF VENEREAL DISEASES

a lung lesion, and while in the ward showed a little irregular fever, and continued to spit up sputum often tinged with blood. This was examined daily for a week without tubercle bacilli being found. Sometimes a diagnosis had been made of fibroid phthisis or bronchiectasis ; later the Wassermann was found to be positive. He had given these cases the full ordinary antisyphilitic treatment (arseno-benzol and bismuth), but not iodide of potassium. There usually followed noticeable improvement in health, though the lung signs, as revealed to clinical examination, remained little, if at all, altered. He did not think these were cases of phthisis.

A third class of case he had seen was that in which an Indian Lascar, Chinese seaman, or Negro fireman came to hospital with fever, spitting up blood-stained sputum, râles in the lung, and perhaps an altered percussion note. Soon tubercle bacilli were found in their sputa. In some the Wassermann was positive, and for the Indians and Chinese yaws was very unlikely. While arrangements were being made to dispose of these phthisis cases they often remained in hospital for several weeks. During that time they were treated for syphilis (arseno-benzol and bismuth), if their Wassermann reactions were positive. So evident was the improvement that followed in most cases that sometimes the patient could be shipped home at once without first spending a term in a sanatorium. He had not yet had a white patient with positive Wassermann to treat, in whom tubercle bacilli had also been found, and his total number of such cases as he had described was still far too small to warrant any conclusions, but that it was always worth the patient's while to have his syphilis discovered and adequately treated.

Mr. NICOL asked whether it was necessary to take any special precautions in treating cases suffering from syphilis who also had tubercle.

As to the differential diagnosis of syphilis from tubercle, it was not always easy. Two cases bearing on this point had come under his notice ; one of them had been diagnosed as tubercle and it turned out to be syphilis, and the other had been diagnosed as syphilis and proved to be tubercle.

The first was a woman aged forty-five. She had been

DIAGNOSIS OF TUBERCULOSIS

treated for tubercle for eighteen months ; she had much bronchitis and breaking down sores ; glands in her neck. The W.R. was found to be positive. Under anti-syphilitic treatment the sores rapidly healed and she was doing well.

The second case had some sores on her leg. These were thought to be gummataë. The patient declared she had never had syphilis and that her W.R. had always been negative. He gave her a provocative dose of As and had the W.R. done again. This was negative. She had scars in her neck, and said they were due to tuberculous glands when she was young. She was very well nourished. This was a case of Bazin's disease. She was treated with tuberculin and B.I.P. locally. She is now progressing well.

Dr. MARGARET RORKE remarked that her only knowledge of tubercle in a practical way was from its association with syphilis. One or two cases had been referred to her from the Chest hospitals, cases in which there was fibrosis of the lung but a negative sputum in regard to tubercle bacilli. Wassermann was positive, and the anti-syphilitic treatment enormously improved the general health. She was not prepared to see the clinical symptoms altogether subside.

She had had some cases of syphilis in women who developed tuberculosis, and she agreed with Dr. Burrell that these cases ran a very chronic course. One or two of those women became pregnant and had more children ; they did not seem to go downhill. They had been ordered to a sanatorium, but usually refused to go.

It was not necessary for children with syphilis to show the stigmata of that disease ; some bonny-looking children had a persistent positive Wassermann ; one such was blind from optic atrophy, yet she looked otherwise in excellent health, but had a positive Wassermann.

A woman came to her eighteen months ago pregnant, with a history of one obstetric calamity and one child having died. Wassermann was strongly positive. Her left breast had been removed on account of tuberculous mastitis after the birth of the second child. She sent for the woman's husband, who looked typically tuberculous, pale, with bowed shoulders, and thin. That man's Wassermann was strongly positive. Neither he nor his wife knew that they had syphilis. The woman

BRITISH JOURNAL OF VENEREAL DISEASES

was treated, and had a live baby, and the speaker had not seen her since, until six months later, when she came complaining of a severe pain in her back. This was due to a gumma of two lumbar vertebræ. By pushing novarsenobenzol and bismuth injections and keeping her in bed, the gumma practically disappeared. Again she disappeared, only to reappear pregnant once more.

And she remembered a syphilitic woman who had some treatment before the baby was born, and she developed mastitis soon after the birth. It was opened, but did not heal. She came again, feeling very ill. The breast was opened, and re-opened by various surgeons, but would not heal, and the suggestion was made that the breast should be amputated. The speaker, however, was against that, proposing to treat by massive doses of iodide of potassium. She retained her breast, and was now very well.

In cases of syphilis and tubercle in the same patient her inclination was to begin with bismuth treatment and iodide of potassium, or with mercury, for a month, and afterwards rely on arseno-benzol.

Dr. HARSTON supported Dr. Hardy Kingston's remarks in regard to lupus and congenital syphilis. He saw the cases at London Hospital to which reference was made; they were circumoral or circum-nasal cases of lupus, and the patients had a positive Wassermann. In some cases both parents gave a positive Wassermann. They relapsed when the arsenic was stopped. Syphilitic children had a tendency to develop cutaneous tuberculosis, and they did well on N.A.B.

He was much interested in gummatous mediastinitis. When he was house physician at London Hospital he saw two cases which were so diagnosed clinically, but neither of them turned out to be that. Discussing the matter with his seniors, he received the impression that such a diagnosis was a snare. One of the cases he saw had recurrent pleural effusion. This was aspirated, and showed a high lymphocytosis. Air-replacement was done, and the skiagram showed a rounded mass in the mediastinum, which was said to be gumma or else a neoplasm. At that time the Wassermann report had not been returned. The effusion continued to recur, and she was tapped several times. Lipiodol showed no involvement of lung tissue. The Wassermann reaction

DIAGNOSIS OF TUBERCULOSIS

proved to be negative. The patient left the hospital and, he understood, subsequently went to Dr. Young. He was told that the ultimate diagnosis was neoplasm of the lung. The second case was an adult who gave a history of dysphagia, and was seen by a laryngologist, who diagnosed carcinoma of the œsophagus. No treatment was advised. The man got worse, and saw another laryngologist, who had a portion of the growth submitted to a microscopist, and the report was "Probably gumma, no evidence of new growth." Improvement followed treatment by iodides; so that the case was considered to be one of "gummatous mediastinitis." The patient developed cough and hæmoptysis, with only vague physical signs in the lungs. The Wassermann reaction was negative. He received one injection of N.A.B., but died not long afterwards. *Post-mortem* carcinoma of the œsophagus was found. Was there in fact such a condition as gumma of the mediastinum, and if it exist, could it possibly be clinically diagnosed? The pathologist at the London Hospital was very sceptical about it.

Dr. E. R. T. CLARKSON suggested that owing to the great importance of the subject under discussion to-night it would be desirable that a correlated attempt to investigate the problem should be made by those engaged in treating tuberculosis on one hand, and those engaged in venereal disease work on the other. He submitted the idea for consideration of the Chairman, Dr. Coutts.

Dr. BURRELL said he had nothing to add in reply, except to assure the meeting that he had thoroughly enjoyed all the speeches.

Dr. GLOYNE also expressed his appreciation of the discussion. He was very glad to have heard the remarks about the child with congenital syphilis. Though such cases came to hospital labelled "Query tuberculosis," if he could be sure they were not tuberculosis, he would feel more certainty about interpreting the Wassermann.